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# THE EDUCATIONAL PROGRESS OF YOUNG PEOPLE IN OUT-OF-HOME CARE<sup>1</sup>

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## Introduction

The educational outcomes of children in out-of-home-care (OOHC) continue to be a major concern in all the countries in which relevant data are collected (e.g., Australian Institute of Health and Welfare [AIHW], 2015; Courtney, Charles, Okpych, Napolitano, & Halsted, 2014; Flynn, Tessier & Coulombe, 2013; Pecora, 2012; Rutman & Hubberstey, 2016). The concerns extend beyond education since it is well established that educational outcomes are strongly linked to subsequent employment (Hook & Courtney, 2011), housing (Davison & Burris, 2014), mental and physical health (Dixon, 2008) and offending (Cusick, Havlicek & Courtney, 2012). More positively, Okpych and Courtney (2014) have demonstrated that better educational outcomes predict higher earnings and greater likelihood of employment in youth transitioning from care. What are less clear are the factors that facilitate or limit educational progress for these young people. This paper discusses the implications for practice of the findings of a major study in England that linked care and educational factors (Sebba et al., 2015).

The Rees Centre for Research in Fostering and Education at the University of Oxford<sup>2</sup> was set up in 2012 with the overarching aim of identifying what works to improve the outcomes and life chances of children and young people in OOHC. It was initially funded by the Core Assets Group (Key Assets in Australia) and additionally receives funding from a range of sources. Two main research activities are undertaken: reviewing existing research in order to make better use of current evidence, and conducting new research to address the gaps identified through the reviews. We have published 10 international research reviews to date (2017) and completed new research on foster carer recruitment, peer support between foster carers, the impact of allegations against foster carers, and the educational progress of young people in OOHC. We are also evaluating a programme for schools on attachment awareness.

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<sup>2</sup> [reescentre.education.ox.ac.uk/](http://reescentre.education.ox.ac.uk/)

A key feature of the work of the Rees Centre is the way in which it has tried to establish a clearer relationship between research, policy, and practice. Previous research (e.g., Rickinson, Sebba, & Edwards, 2011) has shown that engaging users throughout the process of research maximises the use of the research findings. This is thought to be because the users have influenced the relevance and usability of the research and drawn out the implications for practice as well as communicating with their own networks about the findings. Rees Centre staff meet with policy makers, service providers and users (e.g., social workers, foster carers and care experienced young people) in order to identify research priorities and translate research messages into practice and policy. In addition, the Centre employs foster carers and care experienced young people who are trained in research interviewing as co-researchers, some of whom undertook interviews in the study reported in this paper.

### **Background: Current outcomes of young people in out-of-home care**

There were 70,440 looked after children (which includes residential care) in England on 31 March 2016, an increase of 5% compared to 31 March 2012 (Department for Education, 2016a). Seventy-five per cent of these children and young people were living in foster/kinship placements. By comparison, in Australia, on 30 June 2015, there were 43,399 children in home-based care which represented 93% of those in care, and with 52% of these being Aboriginal and Torres Strait Islander children (AIHW, 2016). In Australia 47% of those in OOHC were in kinship care and a further 40% in foster care, a higher proportion than in England where of the 75% of all children in OOHC who are in foster/kinship care, only 9% are in kinship care.

Children who are, or have been, in care are one of the lowest performing groups in terms of educational outcomes internationally (e.g., AIHW, 2015; Flynn, Tessier, & Coulombe 2013; Pecora, 2012). In England, 14% achieve the expected grades (5 A\*-C grades at GCSEs) at 16 years compared to 53% of all children—a gap of 39% (Department for Education, 2016b). In Australia, data from the Child Protection National Minimum Data Set (CPNMDS) has been linked to the Literacy and Numeracy data (NAPLAN) and those in OOHC scored 13–39 percentage points lower across assessment domains and year levels than all students (AIHW, 2015).

This gap in outcomes between those in OOHC and all students is lower in younger children in both England and Australia, which some people have assumed confirms the negative effects of being in care. O'Higgins, Sebba and Luke (2015) in a systematic review of 28 studies reporting outcomes from the United Kingdom, Australia, and North America on the relationship between care and education, challenge this by concluding that foster (or kinship) care is associated with better outcomes than not being in care. Courtney and Hook (2017) noted that each additional year in care for those aged 18–21 is associated with a 46% increase in estimated progress to the next level of educational attainment, when other relevant characteristics are controlled.

In England in 2015, young people in care were five times more likely than those not in care to experience a period-term exclusion from school (Department for Education, 2016b). Comparable data are not yet available in Australia, but the CREATE survey (McDowall, 2013) on the views of 1069 young people in OOHC, reported that over 30% of young people in foster/kinship care had experienced one or more suspensions, with this increasing to over 60% for those in residential provision.

Looking at the outcomes for children in OOHC when leaving school provides a similar picture. Only 45% of those in foster care complete Year 12 schooling in Australia compared to 77% of the general population (Harvey, McNamara, Andrewartha, & Luckman, 2015). In England, of 26,340 former care leavers aged 19–21 in 2015, only 60% were in education, employment, or training compared to 86% of the general population aged 19–21 (Department for Education, 2016a). McDowall (2016) reported that from their survey of 369 young people who had transitioned out of care, just over 70% intended to continue with their education, apprenticeships or similar. In England, only 6% of those from OOHC access higher education compared to more than 50% of the general population and Okpych (2012) reports similarly low levels in the United States. Harvey et al. (2015) suggested that only 2% of those in foster care in Australia completed higher education compared to 20% in the general population. In Australia, care leavers are at increased risk of homelessness, unemployment, and poor

educational outcomes (Thoresen & Liddiard, 2011) as they are reported to be in many other countries (e.g. Cameron, Jackson, Hauari, & Hollingworth, 2012).

## **What contributes to these outcomes? The educational progress of children in out-of-home care in England**

### **Aims of the study**

Little is known about the factors that facilitate or limit educational progress for young people in OOHc. In this context, the Rees Centre, University of Oxford, and the School for Policy Studies and Graduate School of Education, University of Bristol, collaborated on a study to identify the key care and educational factors that are associated with the progress of children in care from age 11 to public examinations at age 16. The purpose of the study was to identify the key factors contributing to the poor educational outcomes of children in care in secondary schools in England. It was also to explore how linking care and educational data can contribute to our understanding of how to improve the progress and educational outcomes of young people in OOHc. Addressing these questions would help to allocate resources in order to maximise improved outcomes, identify the kind of practices that seem most likely to lead to better progress, and assist in developing a better understanding of the value of linking data on care and education. This paper reports on some of the findings drawn from the overview report (Sebba et al., 2015) and the technical reports of the detailed data analysis that can be found on our website<sup>3</sup>.

### **Sample and Methods**

This mixed-methods study explored the relationship between educational outcomes, young people's care histories, and individual characteristics by linking the National Pupil Database (NPD) and the Children Looked After Database (CLAD) in England, for a cohort of young people who were eligible for public examinations at age 16 years in 2013. The sample drawn from the NPD comprised the full cohort of around 640,000 English schoolchildren who were aged 15 on 1 September 2012. The sample drawn from the 2012-13 CLAD comprised 7,852 children, of whom 6,236 were still in care on the census date (31st March 2013), but the main focus of the statistical analysis was the smaller subset (4,847) who were looked after continuously for 12 months from 1 April 2012 to 31st March 2013 (the definition of 'looked after' used by the English government, which we have abbreviated to CLA-LT). Data on both databases are linked to individual pupils using a unique pupil number (UPN), which enables the linking of personal characteristics collected in the English schools' censuses, public examination results collected from awarding bodies, and episodes of care collected from local authorities on the CLAD.

These data were compared to those relating to Children in Care but not for 12 months continuously (CLA-ST, who may have been in care for a very short time only, but were in care on 31 March 2013), Children in Need (CIN<sup>4</sup>) and to those not in need and not in care. The numbers in each group are as shown in Table 1 below. The outcome measures used included 'best 8' public examination point scores at 16, test scores at 11 and progress between the two ('finely-graded' scores in the three tests taken at age 11 were converted through a nationally prescribed system into a point score which can then be compared to the 'best 8' point score in the public examinations at 16).

The datasets do not provide information on all aspects of interest such as foster carers' attitudes to education or the external services provided. In order to complement and expand on the statistical analyses and to explore factors not recorded in the databases, interviews were undertaken with 26 young people in six different local authorities and with their carers, teachers, social workers, and Virtual School<sup>5</sup> staff. From the 2013 public examination results

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<sup>3</sup> <http://reescentre.education.ox.ac.uk/research/educational-progress-of-looked-after-children/>

<sup>4</sup> A child in need is defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or the child is disabled.

<sup>5</sup> Each local authority in England is required to have at least one person who promotes the educational achievement of its children in care. Virtual School Heads and their teams are responsible for improving

for children in care, six contrasting local authorities (areas that administer education areas) were selected—three towards the top end of performance data for children in care and three ranked nearer the lower end. We sought geographical variation as well as type, such as London borough, urban district and shire (rural) county. In each of these, we liaised with the Virtual School Head (VSH) to identify six pupils who had been eligible to take their public examinations in summer 2013—three of whom had made better progress than expected (on predicted outcomes) and three who had made worse progress than expected.

We aimed to hold semi-structured interviews with young people, carers, social workers and (designated) teachers in order to explore and contrast factors associated with high- and lower-progress. In the interviews with young people we asked permission also to speak with a carer, social worker and teacher or someone else whom they felt best knew their care and educational histories. Access to some was denied as they declined to be interviewed, had moved elsewhere and could not be traced, or young people interviewed expressed a preference for us not to interview specific others. We thus achieved interviews with 26 young people, 17 social workers, 17 foster carers, 1 residential worker and 20 teachers. In addition, we interviewed the VSHs from all six authorities.

## Findings

From the dataset of children in care, there were 7,852 children in OOHC eligible for public examinations at age 16 in 2013. Of these, 4,847 had been in care for 12 months or more continuously (abbreviated here to CLA-LT). Of these, over half first entered care as teenagers, 29.0% had been in their most recent placement for under a year, and 18.5% of 14–16 year olds were in residential care compared to 11.3% of them at age 11. Just over 17% had experienced one placement only, whereas 10.2% had had 10 or more placements since their first entry into care. By comparison, in Australia, in 2011–12, nearly two-thirds (63%) of children exiting out-of-home care had experienced one or two placements during the time they were in care, and most (85%) had four or fewer placements, though 15% had experienced more than five placements (Council of Australian Governments, 2013). There is a much higher rate of kinship care in Australia (47%) than in England (9%) that might account for some of this apparent slightly greater stability in Australia, and kinship care has been reported to be more stable (Cuddeback, 2004).

The study tested a large number of variables that previously had been identified as associated with educational outcomes (for example through the systematic review we had completed—O'Higgins, Sebba, & Luke, 2015) to see which ones individually (when the others were taken into account) were associated with better or worse outcomes. The variables were grouped under four types:

- individual characteristics such as gender, ethnicity, Special Educational Needs (SEN) and behaviour (as assessed by the Strengths and Difficulties Questionnaire (SDQ) score, where a high score denotes more serious emotional and behavioural difficulties in the view of the person completing it, usually the foster carer);
- early environment, such as economic deprivation, home language, and reasons for coming into care;
- placement related factors, such as placement changes, length of time in care, length of last placement, and type of placement; and,
- school related factors, such as school type, school changes in last two years of schooling, attendance and exclusions.

## Factors associated with better or worse outcomes

### *Care as a protective factor in educational outcomes*

A one-way analysis of variance (ANOVA) showed that children's 8 best KS4 test results differed significantly between the four groups (CLA-LT, CLA-ST, CIN, and neither CLA nor CIN,  $F(3,642801) = 18020.05$ ,  $p < .001$ ). Post-hoc comparisons using Bonferroni corrections

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the educational experiences and outcomes of the children in OOHC. Victoria, Australia, introduced Virtual School Heads in 2016.

showed that all groups differed significantly from each other, ( $ps < .001$ ). Group differences remained highly significant even after controlling for average results across the three tests taken at age 11 years, in an analysis of covariance (ANCOVA,  $ps < .001$ ). As shown in Table 1, students in OOHC did better than children in need but not in care, and better than those who had been in care for under 12 months (CLA-ST). This suggests that the care system acts as a protective factor educationally. This further confirms the finding from our systematic review, and reported by Courtney and Hook (2017), and challenges the view that being in care is, of itself, associated with poorer outcomes.

**Table 1: Comparing Children in OOHC (known in England as ‘Looked After’), Children in Need, and those not in Need or ‘Looked After’**

Group	Number in sample	Mean ‘best 8’ points	Controlling for test score at age 11
Comparison Group (Not on the CIN or CLA databases)	622,970	340.59	341.66
CIN (Children in the CIN database but not CLA)	13,599	185.14	249.77
CLA-LT (Looked after on 31 March 2013 for 12 months or more continuously)	4,847	202.41	267.46
CLA-ST (Looked after at 31 March 2013 but not 12 months continuously)	1,387	149.52	200.38

Source: Luke, Sinclair, & O’Higgins (2015 p.10)

A further finding may relate to the role of care. Those young people who came into care as teenagers made poorer educational progress. This could reflect the reasons that this population entered care which are more likely to be associated with very challenging behaviours. Furthermore, they may have experienced greater instability (not changes of placement as such, as at that time they were not in care, and therefore not recorded) prior to coming into care, which would predict poorer outcomes (Pecora, 2012).

The interviews with young people further confirmed the finding about the importance of coming into care. All but one of the 26 young people interviewed felt that coming into care had helped them educationally and in their lives more generally. This is a challenging finding for policy and practice since in both Australia and England there are stated policies to try and reduce the numbers of young people coming into care for well-established reasons relating to family unification as well as being driven by the high costs of care in a financially challenging context.

#### *Foster and kinship care associated with better outcomes*

There was a significant difference in the mean (‘best 8’) scores between young people according to final placement types ( $F(4, 4842) = 421.77$ .  $p < .001$ ,  $\eta^2_p = .258$ ) as shown in Table 2. Those in foster or kinship care at age 16 scored much higher than those in residential or other placement types even when all other relevant factors were controlled for in the analysis. This finding is less problematic in Australia than in other countries since it has one of the lowest rates of residential care (Ainsworth & Thoburn, 2014). It is likely that residential placements are more often made in ‘emergencies’ when foster placements have disrupted or safeguarding has been compromised in the birth family, and careful placement planning does not take place. Hence, it is unsurprising that these placements have poorer outcomes.

**Table 2: Mean ‘best 8’ points for children in care by final placement type**

Placement Type at age 16	N	Mean ‘best 8’ points	SD
Kinship care	395	259.22	117.62
Foster care	2886	246.94	118.52
Residential children’s homes	901	106.31	107.59
Other residential care	267	146.56	127.94
Other	398	78.33	89.66

Source: Sebba et al. (2015, p.28)

*Changing school in the last two years is associated with worse outcomes*

According to our data, an average of around 3% of children not in need or in care had changed secondary school in England. The rate was 16% for those in care short-term, (CLA-ST as defined above), 12% for those in care long-term (CLA-LT) and around 9% for those in need but not in care. Correlation analyses showed that more school changes in the later years of schooling had a stronger relationship with KS4 scores than school changes in earlier years for CLA-LT. These relationships were strongest for young people aged 15-16 as shown in Table 3.

**Table 3: Correlations between school changes and ‘best 8’ points for CLA-LT**

	n	r
Changed school aged 14	4371	-.102***
Changed school aged 15-16	4847	-.154***

Source: Sebba et al. (2015, p. 23)

Young people who changed school during the final two years of statutory schooling scored over 30 points less in their ‘best 8’ public examinations (a grade equates to 6 points so five grades less overall subjects, not in each subject) than those who remained in the same school. In the interviews, the young people confirmed that they preferred to tolerate long journeys to school than to be moved away from friends and trusted adults. However, travel arrangements sometimes lacked the flexibility needed to ensure that they could benefit fully from what was on offer to support their learning. One young woman shared a taxi with her brother who attended a different school:

*YP: ...my brother went to school in [name] as well, but he was at primary school for a bit of it, and then he came to my school, and if I had revision sessions after school, I couldn’t do it because we went in the same taxi, so he would have to stay later and he’d have nowhere to stay...so it’d have to be at exactly the same time. So, I missed out on stuff like that...*

*I: Did you ask if that could change?*

*YP: Yes, but they said no, because there’d be two taxis, it’d be twice the money.*

*(Berridge, Bell, Sebba, & Luke, 2015, p. 28)*

So, on balance young people expressed a preference for staying in the same school when they moved placements, but travel arrangements created further challenges for some.

*School attendance*

Many previous studies (e.g., Aucejo & Romano, 2014) have shown the association between poor school attendance and outcomes across the school population. In our sample of CLA-LT, the regression model used to predict the point scores from each variable suggested that unauthorised absences were a highly significant predictor (standardised beta coefficient of -.127) of lower point scores. For every 5% of school sessions (defined as half a day) missed through unauthorised absences (absence other than due to illness or for which prior permission had been sought), young people scored 12 points (two grades) less in their ‘best

8' examination scores. Thus, school attendance should be a key target in supporting the improved progress of children in OOHHC.

Conger and Rebeck's (2001) analysis suggested that children's attendance improved after entering care but that attendance decreased for those placed in residential care. In a recent systematic review of truancy interventions, Maynard, McCrea, Pigott and Kelly (2012) concluded that interventions targeting attendance behaviours can be very effective and noted minimal differences in effects across programs. Hence, potentially both carers and schools can contribute to better outcomes through prioritising school attendance.

#### *Period-term exclusions*

In our sample of CLA-LT, the regression model used to predict the point scores from each variable, suggested that period-term exclusions were a highly significant predictor (standardised beta coefficient of -.090) of lower point scores. Our analysis showed that for every additional day of school missed due to period-term exclusions, young people scored one point (one-sixth of a grade) less. Their rates of period-term exclusions were much higher than those in the general population. In Australia, Tilbury (2010) noted that 61% of the 39 young people in her study had experienced period-term exclusions at some time and that two of them were as young as eight years old. The negative and lasting outcomes of young people's exclusion from school are well documented (e.g., Daniels & Cole, 2010). This is a major policy concern due to the financial costs, impact on well-being, and challenge to social inclusion. Many countries have policies that expect schools to limit exclusions of children in OOHHC as far as possible, but in countries in which these data were collected, their exclusions from school remain high.

#### *Emotional and behavioural difficulties*

This study found that high scores on the Strengths and Difficulties Questionnaire (SDQ on which high scores reflect more challenging behavioural difficulties) were associated with much lower point scores in the public examinations and this relationship was highly significant statistically. In our sample of CLA-LT, the regression model used to predict the point scores from each variable suggested that higher SDQ scores were a highly significant predictor (standardised beta coefficient of -.089) of lower point scores. For each point higher on the SDQ score, a young person's '8 best' overall score was nearly two points (one third of a grade) lower. These high SDQ scores may reflect underlying difficulties that play out in emotional and behavioural actions that then increase the risk of escalation into an exclusion from school. The young people interviewed were often able to describe these episodes of behaviour, for example:

*I've always been really hyperactive, and they didn't like that I was different, I was always getting taken out of class and spoken to...I ended up in a lot of fights all the time, it was that sort of thing...I kind of, because of the home life I kind of got aggressive and impulsive at school as well, so then I'd...be very sort of rowdy in class and then the teachers would sort of pick me out more and more often, and drag me out of class and make me stay behind and things like that.*

*(Berridge, Bell, Sebba & Luke, 2015, p. 6)*

While many young people gave examples of behavioural issues in school while still living with their birth family, they reported that once these patterns were established, their reputations frequently go with them into future schools and placements.

#### *Support and barriers from the school and care systems*

Despite the factors discussed here, the responses of school and care systems to young people's characteristics, circumstances, and behaviour are important in whether they are able to make educational progress. Often, the young people reported that school and significant adults in school, though not necessarily the teacher designated with responsibility for children in care, had provided support to improve their behaviour. When asked who had provided greatest educational support, one young woman responded:



*I think best, it would've been teachers, yes. Because teachers, I've always looked at them for schoolwork and everything, because they helped me; I've always, like, related to them more than carers or anything. Like, carers and social workers have helped me, but teachers have always been there for me, always.*

(Berridge, Bell, Sebba, & Luke, 2015, p. 26)

The analysis suggested that schools that perform better with all students also show good progress for OOHc students. However, little specific information on exactly what they provide to achieve this was sought in our study and so will be the focus of future research.

#### *Continuing birth family influence*

Further issues identified in the interviews that were less apparent from the statistical analysis alone included the continuing influence of birth families. Some young people reported having received good support and encouragement from birth families, in particular mothers whose aspirations for them were to do better than they themselves had done. However, a finding we had not predicted was the sense of responsibility some of these young people reported having for a birth parent who continued to experience alcohol or drug abuse or mental health issues. One young woman illustrated the negative impact this had had on her examination performance:

*I remember the night before my English GCSE exam, she phoned me up, like, with suicide voicemails and everything, so it just made me lose a lot of focus, so I stopped having contact with her...like, I couldn't go upstairs and revise English or anything, or do an essay, because I'd get worried that she would be...my mind would be on her and what she would be doing, like if she was going to threaten the people that I lived with, or me, or anything like that. So it made me lose a lot of focus and stuff, and got me quite anxious...so I couldn't focus on anything else that I wanted to focus on. My mind was set somewhere else, so I wouldn't have been able to focus very well.*

(Berridge, Bell, Sebba & Luke, 2015, p. 11)

One young woman suggested that if the social worker stopped bothering her and instead provided some support to her mum, she herself would have been able to make greater progress. This suggests that even when stable placements are established for those in OOHc, the enduring influence—both positive and negative—of birth families needs to be considered and addressed where acting as a barrier to educational progress.

#### *Young people's agency*

Berridge (submitted) explores the issue of agency in greater detail with reference to theoretical frameworks from the sociology of childhood. Drawing on the qualitative data in our study, he demonstrates the important role of young people's agency; that is, their active role in determining their own experiences in influencing their educational progress. Many of the young people interviewed made clear that ultimately it was 'up to them' to take responsibility for their educational outcomes. Professionals interviewed identified that some young people had chosen to re-engage with education once certain preconditions related to managing risks in their lives outside school, for example a stable placement, had been met.

Some young people stated a strong preference for as few people as possible in the school context to know that they were in care. They regarded this as paramount to being able to function 'normally' in school.

*Like I said, no one barely, at school knows I'm in care...I think if people knew, like, what you were like as being a foster kid, and what everyone else is like as a foster kid, you'd conform, not even realising you were. But, I think where no one really knows, I actually see myself as not in care. Do you know what I mean? I actually see myself as normal, as the rest of my friends are, with parents, and stuff like that.*

(Berridge, Bell, Sebba, & Luke, 2015, p. 12)

For young people to be able to maintain some control over their own progress, some identified this need for their 'in care' identity not to be widely known, though a few suggested that they had revealed this to their closest friends. This perhaps creates a conundrum for the school, in which it might be assumed that wide scale knowledge of care status makes it more

likely that needs would be met while simultaneously reducing the capacity of the young person to be seen as 'normal'. Young people saw themselves in different circumstances and professional interventions need to take into account and complement young people's own coping styles.

## **Concluding Comments**

Both the large scale secondary data analysis and the overwhelming view from the young people interviewed suggest that coming into OOHC, provided this was foster or kinship care and that they experienced more than 12 months of continuous care, had positive effects educationally and beyond. The scores in their public examinations were better than those who had short periods in care or were known to the social care services but not in care, perhaps because they had the opportunity to benefit from sustained support and were less likely to change schools. If it occurred in the last two years before the public examinations in particular, changing schools was associated with much worse outcomes. Similarly, school attendance and period-term exclusions were also associated with lower scores.

In the two large datasets that were linked in the study, there are no data on the characteristics of foster carers as such. However, from the interviews with the foster carers, young people in their care, and social workers, it emerged that foster carers' level of educational support seemed more important than their level of educational qualifications per se. Very little is known about the role of foster carers' own educational qualifications and experience on their capacity to support young people's educational progress, but where they are given appropriate support to do so, there is some evidence that their confidence increases in this aspect of their role (Sebba et al., 2016). It seems that in many cases foster carers have high aspirations for the young people in their care but don't always have the confidence or knowhow about the educational system to translate these aspirations into effective support. However, in Australia, Tilbury, Creed, Buys, Osmond and Crawford (2014) reported the importance of carer support in the young person's engagement in school.

What emerges from both the quantitative data analysis and interviews is the importance of effective integrated working across the services. Social workers leading on placement changes need to work closely with those in the education services responsible for school admissions if changes in the last two years of schooling are to be avoided when a placement disrupts. Similar conclusions were drawn in Tilbury's (2010) study in Australia. The school attendance of those in OOHC is the responsibility of both social workers and schools in ensuring that foster carers are contacted swiftly when a young person does not arrive in school and provided with support in addressing the issues. Most importantly, when the young person's progress is reviewed, all relevant professionals need to be involved in addition to the young people themselves, in making decisions about future support, interventions, and action.

Teachers emerged from the interviews with the young people as the most important educational influence. In England, every school has a teacher who has designated responsibility for young people in OOHC, but it need not be that teacher who develops a trusting and supportive relationship with the young person. Other adults in the school such as a teaching assistant, who the young person may identify as a teacher, might be the one that makes a difference. In Queensland 76% of children in OOHC reported wanting to have more support from teachers and wanted school staff to be more involved in their lives (Commission for Children and Young People and Child Guardian, 2008). Moreover, young people in this and other studies (e.g., Flynn, Marquis, Paquet, Peeke, & Aubry, 2012) welcomed the additional, individual support provided, for example through one-to-one tuition.

## **Implications for practice**

Previously, we have tended to compare the educational outcomes of those in OOHC with the general population of young people not in care. The study reported here suggests that young people 'in need' might provide a helpful additional comparison given many of them have similarly experienced abuse or neglect, to those in OOHC, alongside the whole school population. The analysis has shown that these children deemed to be 'in need' but not in care score significantly lower in their educational outcomes, suggesting care may itself mitigate some of the effects of trauma and abuse experienced by young people prior to entering care.

Other reasons, such as the additional attention and services given to children in care compared to those in need, could also be contributing to this finding. However, useful as comparisons with those 'in need' might be, we need to guard against the possibility of this lowering our educational expectations for those in care and remain highly aspirational for them, as many of their carers appear to be. This was noted by young people to be an important factor in helping them to succeed when they did so.

The most significant factor associated with lower examination scores when all others had been controlled for in the analysis was moving school especially in the final two years of schooling. When placement moves are essential, both the secondary data analysis and the young people's perspectives suggest that moving school should be avoided. Transport arrangements might become more costly and complicated, but the continuity and stability of relationships enabled through remaining in the same school in the mid-teenage years may well contribute to both better outcomes and longer-term cost savings in giving the new placement a better chance of success.

The importance of involving young people in OOHC in decisions regarding their education is crucial to them being able to make the commitment necessary to ensure, as they themselves suggested, that 'it was ultimately up to them' how well they did. This includes school moves but also types of support, arrangements for reviewing their progress, and more significant educational interventions such as one-to-one tuition or mentoring.

Schools that do well for all children, appear to do well with those in OOHC. Hence, school choice is not a matter of selecting a more 'academic' school or a more 'nurturing' one, as has sometimes assumed to be the case, as some schools seem to be capable of being both. Schools that expect everyone to do well provide the values base and support for them to do so and recognize that a child who has previously experienced trauma and/or abuse is unlikely to be ready to learn. Furthermore, they reach out to foster carers and communicate the need to work as a team. Exactly what these schools do that enables them to support young people in OOHC is not known and requires greater interrogation since there have been no large-scale studies on this topic.

From the interviews with teachers and social workers, it emerged that both groups of professionals felt under-prepared for the role of supporting OOHC in schools. Teachers reported that they needed more training in attachment, social, emotional, and mental health issues; social workers felt they had insufficient understanding of the education system. In England, a recent commitment has been made following the publication of the NICE Guidelines on attachment (National Institute for Health Care Excellence, 2015) to include this area in initial teacher training, though the already overcrowded curriculum for aspiring teachers might limit the extent of the coverage.

Finally, if we are to improve educational provision for young people in OOHC, we will need to be able to evaluate whether changes in provision have the required effects. Currently, there are limitations to the data collected in England, in that they do not include any information on foster carers, restricting our potential understanding of the role that they might play or the number of changes of social worker that the child experienced (given the importance of stability). In Australia, regular linkage of child protection and NAPLAN data will be needed to monitor the effects of changes in provision, and currently the AIHW is progressing this. In future, it is possible that feedback from the data collected will be able to better inform our service provision to ensure it is the highest quality possible.

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